

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



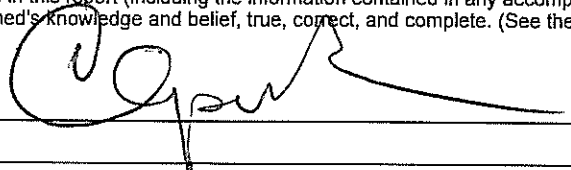
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 14231 5320	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Christopher D Merck P.O. Box, Bldg., Room No., if any Street 415 Oak Grove Road City Industry State Pennsylvania ZIP Code + 4 15052	4. Name, file number, and address of labor organization. Name Teamsters Local Union No. 250 Labor Organization File Number 074231 P.O. Box, Building and Room Number, if any River Tech Ct Ste 160 Street 3700 South Water Street City Pittsburgh State Pennsylvania ZIP Code + 4 15203
5. Position in labor organization. Union Officer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name PNC Advisors Trade Name, if any: P.O. Box, Bldg., Room No., if any Two PNC Plaza Street 620 Liberty Avenue City Pittsburgh State PA ZIP Code + 4 15222	7.a. Nature of Interest, Transaction, or Income. Laurel Valley Golf Outing 7.b. Amount. \$418.18

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 8/02/05 Date	(412) 481-5233 Telephone Number

Name of Person Filing Christopher Merck	File Number U- 14231
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Western PA Teamsters & Employers Welfare Fnd
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 50 Penn Circle
City Pittsburgh
State Pennsylvania ZIP Code + 4 15206-3612

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement to Union Trustee or payment to 3rd Parties for Union Trustee's expenses in conjunction with participation in meetings and conferences on behalf of the Employer/Welfare Fund.

12.b. Amount.

\$112

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.